1	FAICI		clive Dec	ember 8, 2	2004	TION REC	OF	10/804661					
		. CLAIMS		S FILED - PART I (Column 1)			SM/				OTHER THAN		
I	TOTAL CLAI	MS					7	RATE		`		LL ENTIT	
	FOR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F			RATI BASIC F		_
I	TOTAL CHAR	SEABLE CLAIMS		minus 20=				X\$ 25		7			
Iŀ	NDEPENDEN	CLAIMS		minus 3 =		-		-		_ 0			_
Ŀ	MULTIPLE DEI			1	X100:	-		X200:	<u> </u>	_			
* If the difference in column 1 is less				ss than zero, enter "0" in column 2		column 2	Ţ	+180=		OF	+360=	1	
		CLAIMS AS						TOTAL	·	OF			
_	- / -	(Column 1)		(Colum		(Column 3	1)	SMALI	. ENTITY	ОЯ		R THAN L ENTITY	,
ENT A	11/4/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL	ER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONA	7	RATE	ADDI- TIONA	-
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AME	Independent		Minus	··· 5	3 (5	1	X100=	 	YOR	X200=	┼	4
_	FIRST PRES	SENTATION OF A	MULTIPLE D	EPENDENT (CLAIM]		 	-OR	—	 	\dashv
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	· · · · · · · · ·	REMAINING AFTER AMENDMENT	. -	NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL	ſ	RATE	ADDI: TIONAL	
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l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ľ	K100=		OR	X200=		
it	the entry in colur	nn 1 is less than the	entry in colu	nn 2, write "O" i	in colum	nn 3.	Ŀ	180=		OR _	+360=		•
u	the "Highest Nu	nber Previously Pai mber Previously Pai	d For" IN THIS	SPACE IS less	s than a	0, enter 20."	ADI	TOTAL DIT. FEE		OR AD	TOTAL DIT. FEE		•
_		ber Previously Paid	La (ioman	nissebeugeut) f	s the hi	gnest number f	ound	pu (pe abbu	opriate box	in colum	ın 1.	I	
1	PTO-875 (Rev. 10	(04)				P	atent a	and Tradema	k Office U.S	DEPAR	TMENT OF C	OHUSENSE	